

# A Message from the Minister for Health and Ageing, The Hon. Tony Abbott



**R**ecent research published by Research Australia found that Australians believe the Federal Government has primary responsibility for health and medical research. People expect leadership from the Federal Government to ensure practical health outcomes and to promote Australia's standing in international medical research.

To this end, the Government has announced the NHMRC is to become an independent statutory agency from 1 July 2006. The agency will remain within the health portfolio with strong links to the Minister for Health and Ageing.

The NHMRC will be financially separate from the Department of Health and Ageing. The Council will continue to provide independent and expert advice to the Government on health issues and the allocation of research funding. The NHMRC's Research Committee will continue to make recommendations on which research proposals to fund and the Minister will continue to make the final decision to approve those recommendations.

An important change will be the establishment of a Management Advisory Committee to promote links with business and industry, attract funding for research and improve the conversion of research into commercial products. This Committee will provide support to the CEO on the development and implementation of the NHMRC's strategic plan, and the management of the agency.

The new structure coincides with an announcement by the NHMRC Research Committee that it will target funding towards priority areas such as cancer.

The creation of a world class research effort relies on researchers, policy makers, industry, consumers, and the non-government sectors harmonising their effort to address immediate and emerging health issues.

The new arrangements do not affect the level of funding for health and medical research. They establish a framework for ensuring the government's allocation of almost \$450 million annually is managed efficiently and delivers high quality, high impact research which readily translates into real improvements in health. asmr

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Professor Alan Pettigrew, The Hon. Tony Abbott and Associate Professor Bronwyn Kingwell at 'The 10 of the best' launch.



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# President's Report

**The full press release on the NHMRC restructure can be found on the ASMR website: <http://www.asmr.org.au/news/press/index.html>**

**I**t has been an eventful few months in medical research and for ASMR. I want to take this opportunity to update you on our campaign to increase medical research funding in the 2006 Federal budget and also on the recently announced changes to NHMRC governance and internal organisation.

## Funding Campaign

Our campaign continues apace with high level, one-to-one interaction with key MPs and advisors and at the grass roots level. Both approaches are important at this crucial time. We have only another 4–6 weeks to ensure that medical research is part the 2006 budget agenda.

## High Level

ASMR together with AAMRI and Research Australia delivered in a joint response to the Grant Review to both the Prime Minister and the Health Minister on August 29th. The executive summary is provided on page 6. The full document can be found on the ASMR web page [www.asmr.org.au](http://www.asmr.org.au).

Levon Khachigian (ASMR President-elect) and I have had individual meetings with members of the Standing and Back Bench (Party) Committees on Health and Ageing on August 17th/18th. Together with Christine Bennett (Research Australia) and Don Coulthard (member of the general public and passionate medical research supporter), ASMR has made separate formal presentations (recorded for the Hansard), to both of these committees on September 7th. Levon and I have also met with other key MPs, Ministers, advisors and departmental staff. The Prime Minister's support is essential and as one of the PM's constituents, Levon had the opportunity

to brief him in July. He was engaging and supportive and is now well-informed on the key issues.

In the coming weeks we will continue this high level engagement armed with data from a number of collaborative projects undertaken with AAMRI and Research Australia. Together we have undertaken a project to model economic outcomes of medical research investment. This project is almost complete and documents the gains made by the Wills investment and the potential gains through implementation of the Grant recommendations. Research Australia has also just released a public opinion poll of soft voters showing that medical research is top of mind for future investment.

## Grass Roots

At the grass-roots level ASMR directors, ex-directors and supporters have delivered over 50 presentations around the country urging researchers to alert their local MPs to the current funding crisis. Face-to-face visits are the most effective method to get your message across and I urge those of you who haven't visited your local MP to do so very soon. You should all now have written to your local MPs, the Health Minister, the Prime Minister and the Treasurer. The ASMR website has all the information to arm you for both visits and letters. In addition, ASMR has emailed you form letters for distribution throughout your institutions. Please ensure that everyone from your institution is aware of the campaign and has received a copy of these letters. To further promote the campaign this edition of the newsletter is in printed, in addition to, electronic form and contains copies of these letters. These letters can be completed by you (if you haven't already sent letters) or by a family member. Form letters and a simplified fact sheet have also been distributed to 713 medical centres in key electorates. Feature articles have also appeared in newsletters of relevant medical, scientific and patient organisations.

Finally, it's up to all of us to continue to raise community and political awareness of medical research. We only have another 4–6 weeks to ensure we are considered as part of the 2006 budget process.

## NHMRC Restructure

NHMRC is in an exciting phase of development which aims to improve research outcomes through better alignment with community needs and more streamlined funding systems. The first change relates to NHMRC becoming an independent statutory agency. This change which will be effected from July 1st, 2006 is discussed in an article by Minister Abbott on page 1. The move is in line with recent changes to the ARC and will simplify internal reporting paths. For researchers this should contribute to more efficient delivery of research funds.



Prof. Levon Khachigian, Dr. Christine Bennett, Assoc. Prof. Bronwyn Kingwell, Dr Mark Hulett, Mr. Don Coulthard at Parliament House.

NHMRC is also undergoing internal changes to better align medical research with community need. The peer review system will also be modified to increase efficiency while maintaining rigor. Full details of the restructure are yet to be announced. The changes aim to improve research translation into health policy and practice and economic outcomes for Australia. Biomedical research will still be valued as the cornerstone of health advances. The NHMRC reorganisation is both a challenging and evolving process which will take a number of years to fully enact. ASMR will work closely with NHMRC to ensure that this transition is as smooth as possible and does not jeopardise our health research workforce.

### Excerpt from NHMRC Press Release of September 12th, 2005

As of 2006, strategic groups known as "Health Streams" are to be established and organised according to major disease and population groups. Each Health Stream will have a broad membership of consumers, non-government organisations, policy makers, and researchers. They will be responsible for identifying the strengths and gaps within its area of responsibility and making recommendations on strategies required to ensure that there is appropriate capacity — whether people, funds or facilities — to best meet future challenges.

Each Health Stream will look at urgent and emerging health challenges; the needs of particular populations; the biomedical and basic science required to make advances in the health area; health improvements

which could be achieved through clinical, health services and policy research; and the potential use of informatics and genetics. In addition, the Health Streams will explore the potential for industry involvement in research and the opportunities for research to be commercialised.

By 2007 the number of application forms will be reduced to just one two-part internet-based form and grants will be streamlined to just four main types instead of 20. The formation of our review panels will also be streamlined: instead of appointing new panels every year we will be doing it once every three years, with more comprehensive feedback to applicants to guide researchers in their future grant applications."

The introduction of its streamlined grants process has the potential to cut the time between grant applications and approvals in half, from around twelve months to six months.

Professor Pettigrew said that "the six-month turnaround would be standard once all elements of the new process were implemented by the end of 2007".



**Associate Professor  
Bronwyn Kingwell,  
ASMR President**



### Queensland Award Winners correction

The Queensland student conference award winners was incorrectly published in the July ASMR Newsletter.

The oral winners were

**Michelle Nellier** (1st)

and

**Alberto Pinzon Charry**

(2nd),

and the Poster winners were

**Katherine Wynn** (1st)

and

**Brett Neumann** (2nd).


## Invitation

**The ASMR Annual  
General Meeting will be  
held at the National  
Scientific Meeting at  
Couran Cove, November  
21st at 12.30pm.  
All members  
are welcome.**

# Eureka Award for Cancer Vaccine

**P**rofessor Ian Frazer, the director of the University of Queensland's Centre for Immunology and Cancer Research (Princess Alexandra Hospital) was recently awarded the prestigious 'CSIRO Eureka Award for Leadership in Science' for his ground breaking research on cervical cancer and vaccine development. Professor Frazer and his team have developed a vaccine to protect women against infection with the cervical cancer causing HPV virus. Cervical cancer is the second leading cause of cancer amongst women. More than 500,000 cases are diagnosed annually and it kills an estimated 275,000 women around the world annually. The vaccine is currently in phase III clinical trials and is being developed in conjunction with Merck & Co and GlaxoSmithKline (SSK) as Cervigard' and Gardasil'. Early clinical trials have indicated an efficacy of 95–100%. It is anticipated that the vaccine will become commercially available in 2006. Despite this success, Professor Frazer is clearly not resting on his laurels. His team is continuing to work on an even greater

challenge; the production of a vaccine to be used by the many hundreds of thousand of women who are already infected with HPV and are at risk of developing cervical cancer.

ASMR congratulates Professor Frazer and his team for their success. This is truly a great example of how basic research can enrich both the health outcomes and biotechnology sector in Australia. 





# Ten of the Best, and a Few Things That Could Be Better!

## Professor Bob Williamson

I was asked by NHMRC to review all the grants that finished in 2003, and to choose some for showcasing to the wider community, including the media and politicians. Everyone, from researchers through to industry, government and the public, has a large stake in the quality of the research effort, and wants to be sure medical research gives value for money. I saw "Ten of the Best" as part of a process of engagement between us and the community, to demonstrate that research has real outcomes for people.

Imagine the scene. There were about 500 grants in all, the majority Project Grants, scattered across all subjects and from all parts of Australia. Of course, the first problem (as many of you would predict) was that fewer than half had final reports! After a lot of work, the NHMRC got that up to over 60%.


I had the help of a dozen or so colleagues who picked out grants that might be super-good and also joined

me in noting problems faced by grant holders. When it came to "Ten of the Best", the Minister and his advisers made it clear that they were interested in three things: excellence (of course), but also national relevance ("meeting the nation's health needs") and proven success in translation into practice. The document was launched by Minister Tony Abbott at the Baker Institute in Melbourne in August.

We were able to choose a short list of twenty or so success stories. Some of "the best" were very lab-based and hard to follow by anyone who didn't have a lot of expertise in the field, and these were less likely to survive than excellent projects that could be understood by the "intelligent lay person". The Ten of the Best included projects from every State in Australia, and I was particularly pleased that community-oriented research dealing with tobacco, community genetic screening, and type 2 diabetes control in Aboriginal communities all made it to the final volume.

The other task was to recommend how to make the best even better. (Well, really, how to increase the proportion of grants that would give excellent outcomes.) I feel, having read every grant that finished in 2003, that we have to find ways to give more support to young scientists (as Chief Investigators). Women and men who are 35 and under get few grants at present. Many of the grants awarded were "worthy" but not exciting or adventurous. NHMRC needs to find ways to encourage exciting research that might break paradigms and lead to Nature and New England Journal papers!

Lest you think I knock the NHMRC, I was also very surprised at how little support many younger grant holders receive from their Universities and Hospitals, either in terms of money or time. Hopefully, this will change with the coming of the Research Quality Framework (RQF), which will raise the value of medical research to the University sector.

Just as important, NHMRC (as the peak body for medical research in Australia) should ensure that younger clinicians and scientists receive mentoring on things that really matter. These include public outreach, media skills, why we need to advocate medical research with politicians, how to patent and engage with industry, and how to use NHMRC grants as leverage to win other funding. Part of our job is to demonstrate that we know we are accountable to the community. This is, of course, a shared responsibility with the Medical Research Institutes, the Universities and Hospitals, and indeed ASMR. 

**Anyone wanting a copy of "Ten of the Best" can request one by email to [alyssa.jones@mcri.edu.au](mailto:alyssa.jones@mcri.edu.au)**



Rebecca, Daniel and Abbey Harford  
with The Hon. Tony Abbott



The Hon. Tony Abbott with Prof. Bob Williamson  
and Prof. Warwick Anderson (Monash University).



Dr David Foran (Retinal Australia)  
and Dr. Choo May Lai (Lion's Eye Institute)

## Calendar

### 44th ASMR National Scientific Conference

20–23 November 2005  
Couran Cove, Queensland  
[www.asmr-nsc.org.au](http://www.asmr-nsc.org.au)

### Heart Foundation Conference

*Cardiovascular Disease in the 21st Century: Shaping the Future*  
23–25 March 2006  
Sydney Convention & Exhibition Centre,  
Darling Harbour  
[www.heartfoundation.com.au/2006conference](http://www.heartfoundation.com.au/2006conference)

### 3rd International Conference on Healthy Ageing & Longevity

*"Healthy Ageing: From Cells to Society"*  
28–30 April 2006  
Melbourne Exhibition & Convention Centre  
[www.longevity-international.com](http://www.longevity-international.com)


# Hormones, Fertility and Cancer

**T**he abstract deadline for the 2005 ASMR National Scientific Conference is fast approaching (October 3), and we strongly encourage those intending to participate to take advantage of the opportunity to present your research along side some of the best in the business. N.B. the registration price includes all transfers and meals. The NSC for 2005 will be focused on the areas of fertility and reproductive/ hormone-dependent cancer, and will be held at Couran Cove Resort, Queensland, on November 20–23, and features an impressive array of prominent international and national speakers in the field.

The Firkin Oration is an honorary lecture presented by a distinguished international speaker at the NSC each year. Barry Firkin, together with a number of other young scientists, was a founding member of ASMR back in 1961. Barry became the first President of the fledgling ASMR, and stamped the society with the highest ideals and aspirations. He remained a strong supporter until his death in 2001, and this prestigious Oration is named in his honour to acknowledge his outstanding contribution to the ASMR.

The Organising Committee of the NSC is delighted to announce that the Firkin Orator for 2005 is Professor Ken Korach, Program Director of the Environmental Diseases and Medicine Program, Chief of the Laboratory of Reproductive and Developmental Toxicology, and Chief of the Receptor Biology Section at the National Institute of Environmental Health Sciences.

Ken is a world leader in the study of the estrogen receptor in mediating hormonal responses in uterine tissue and in early development, as well as in carcinogenesis and toxicity. Ken is the recipient of the Edwin B. Astwood Award from the Endocrine Society, the Keith Harrison Lecture Award from the Australian Endocrine Society, and the Transatlantic Medal from the British Endocrine Society. Ken's Oration will open this year's NSC on Sunday 20th November, and is entitled "Biological consequences resulting from differential actions of estrogen receptors".

Please look at the NSC website for latest program details and to register for this exciting new meeting. [www.asmr-nsc.org.au](http://www.asmr-nsc.org.au) 




Professor Ken Korach.  
The 2005 ASMR Firkin Orator.

**Abstract deadline  
October 3.  
Register now.**

# Justifying Australian Bioscience to the Rest of the World — The Role of the NHMRC

**Assoc. Prof. Shaun Jackson**

**I** recently attended the International Society of Thrombosis and Haemostasis Meeting held in Sydney. This was the first time the meeting was held in Australia and for many of my international scientific friends and colleagues the first time they visited our shores. They loved it. Everyone I spoke to loved Australia and kept telling me how lucky we were to live in such a beautiful country. Before filling out their visa application forms for sabbatical leave to Australia an increasing number of sceptical overseas colleagues asked "Is Australia really such a good place for biomedical research and innovation". Unequivocally "yes" was my patriotic response reminding my friends of the rich heritage of medical research achievements in Melbourne and the burgeoning biotech sector in our State. With a dearth of investment capital in Australia (by global standards) my colleagues enquired as to how we might hope to be globally competitive. Simple I retorted "we have to work smarter through more effective partnerships".

I explained how my co-workers and I have had received generous support from the NHMRC and the private sector, and as a consequence have enjoyed world-class facilities and resources. "This has been the critical element for successful research and innovation outcomes and has culminated in our discovery and development of a new class of antithrombotic drugs, some of which have made it into clinical trials". On reflection, none of this would have been achievable without the combined support of the NHMRC and private investors. This simple but powerful model is the cornerstone of Australian biomedical innovation and will only be strengthened further by greater commitment and collaboration between the Government and private sectors. Fortunately this long-held mantra is finally being converted into tangible results and hopefully the need to convince my sceptical Northern Hemisphere colleagues of the merits of Australian bioscience will soon disappear. Australia at last the clever country, now that will really be a time for great celebration! 

Assoc. Prof. Shaun Jackson  
(Monash University)



# Accelerating Discovery and Capturing the Returns

## A 5-Year Plan for Investment in Health and Medical Research in Australia

A joint response from the Australian Society for Medical Research (ASMR), the Association of Australian Medical Research Institutes (AAMRI), and Research Australia Ltd to "the Investment Review of Health and Medical Research: Sustaining the Virtuous Cycle for a Healthy, Competitive Australia"

### Executive Summary

**T**he world-class performance of Australia's health and biomedical research sector has great potential for enhancing the health and wealth of the nation.

#### The Howard Government investment in Australian Health and Medical Research

Following the Wills Review (1999), the Commonwealth Government augmented investment in this sector with an historic increase in funding of the National Health and Medical Research Council (NHMRC) by \$614 million over six years, reaching a new funding base of approximately \$412 million per annum by June 30 2005. In addition other important funding initiatives such as Backing Australia's Ability, National Centres of Excellence, university and research agency funding and programs supporting commercial research developments have contributed to an overall Commonwealth funding contribution for health and medical research of approximately \$1 billion per annum in 2003 representing 0.12% of GDP.

Strong and sustained investment and growth in health and medical research has a clear fit with key elements of the Government's policy platform including National Research Priorities, National Health Priorities and other economic and fiscal policies (Intergenerational Report, Backing Australia's Ability 1 and 2, and the Productivity Commission Report).

#### The Grant Review (2004)

To evaluate the outcomes and benefits of this investment to date and to develop an appropriate forward investment strategy, the Government commissioned a review by an expert committee, chaired by John Grant. Their report, entitled "Sustaining the Virtuous Cycle for a Healthy, Competitive Australia" was published and released in December 2004.

The Grant Report found that the 'Virtuous Cycle' between government, research and industry envisaged in the Wills Review was now well underway and had started to deliver significant gains. Notwithstanding those positive outcomes, the Report highlighted that the 'Virtuous Cycle' was at significant risk without policy leadership and additional investment from government.

To maintain the momentum and growth to date, to better capture benefits for Australia's health and economic future, and to strengthen Australia's international position

over the long term, the Grant Review recommended a second staged increase in Federal Government funding over the next five years to follow on seamlessly from the Wills funding program. Grant recommended a target total government investment of approximately \$1.8 billion p.a., which would approach the average OECD average of 0.2% of GDP.

Areas targeted for increased investment through NHMRC include:

- program, projects and other grant funding;
- health policy-and-practice-focussed research (PPFR); and
- people (fellowships).

In addition, the report recommended:

- promoting policies that foster private industry investment to leverage government investment;
- endowing an Australian Fellowship Program;
- establishing a HMR Venture Fund;
- increasing infrastructure funding to 40 cents/direct research\$;
- implementing further structural reform of NHMRC; and
- ensuring a robust implementation approach.

#### The way forward

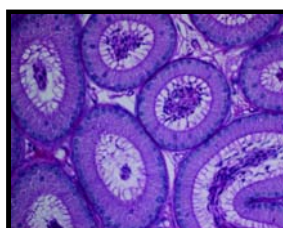
On behalf of the Australian health and medical research community:

- Association of Australian Medical Research Institutes (AAMRI)
- Australian Society for Medical Research (ASMR), and
- Research Australia Ltd.,

formally request that the government considers and approves in the context of the 2006 Budget a new staged program of increased health and medical research funding over five years with the new program to commence seamlessly at the end of the Wills program.

We recognise and welcome the Government's support relating to infrastructure funding and selected research funding announcements in the 2004 and 2005 budgets. However we urge Government to support a sustained funding growth through the NHMRC as proposed by the Grant Review.

The Grant Review 5 year funding growth plan has been modified in the following table to adjust for the changed timelines.



**The Australian Society  
for Medical Research**

### National Scientific Conference

**"Hormones,  
Fertility  
and  
Cancer"**

**November 20–23, 2005  
Couran Cove,  
Queensland**

**Registration and  
program details  
available**

**[www.asmr-nsc.org.au](http://www.asmr-nsc.org.au)**

**Abstract deadline  
extended to October 3**



**Table 1: Proposed incremental staged increase in funding to NHMRC (\$m)**

	Year 1	Year 2	Year 3	Year 4	Year 5
<b>NHMRC Admin</b>	14	11	11	11	11
<b>Policy-and-practice-focussed research</b>	16	33	48	62	71
<b>Project/program/other grants</b>	12	43	99	161	225
	<b>42</b>	<b>87</b>	<b>158</b>	<b>234</b>	<b>307</b>

This investment program is \$828 million over the next 5 years building the NHMRC funding base from \$412 million in 2005/06 to approximately \$720 million by 2010/11.

In addition the one-off endowment of \$170 million to an Australian Fellowship Scheme as proposed by the Grant Review is also strongly supported as an important

initiative in attracting and retaining star scientists.

This new staged investment in combination with anticipated growth of research funding to universities, ARC, CSIRO and other government research agencies would approach the total government investment in health and medical research of \$1.8 billion per annum targeted by the Grant Review. 

**The full response may be viewed at:**

<http://www.asmr.org.au/Campaign/campaign.html>

## Home renovations with *Plasmodium falciparum*

**Dr. Richard Allen,  
The Australian National University**


**S**winging fevers and bone-racking chills plague the bodies of those who suffer from the mosquito borne disease malaria. Worldwide, this important infectious disease exacts a grisly toll: annually it is responsible for more than one million deaths, and in excess of 100 times this number of non-fatal cases.

It is the 'red cell' phase of the malaria parasite's complex life cycle which causes all the bother. Nascent parasites of *Plasmodium falciparum*, the most egregious of four malaria species pathogenic to Man, invade and occupy the erythrocytes of their human host. By choosing an intracellular life, the parasite seeks a safe haven from the host's immune system. However, the relatively inert red cell is generally ill-equipped to meet all of the metabolic demands of its new tenant. As a result, the parasite must renovate its newly acquired mobile home in order to satisfy a number of nutritional and other metabolic imperatives which enable it to grow and successfully hatch the next generation of healthy offspring.

Renovations are effected by inducing in the host cell membrane new permeation pathways which allow the exchange of many otherwise impermeant substances with the host's plasma. The characterisation of these pathways is seen as important, not only to better understand parasite physiology, but, as these pathways are active at the red cell surface, they are also of substantial interest as potential drug targets. Despite several decades of work however, the molecular nature of these new pathways continues to be the subject of much debate.

Some of the new pathways have ion channel-like properties, and in recent years the work of a number of groups has been focused on characterising them electrophysiologically. It was with this purpose in mind

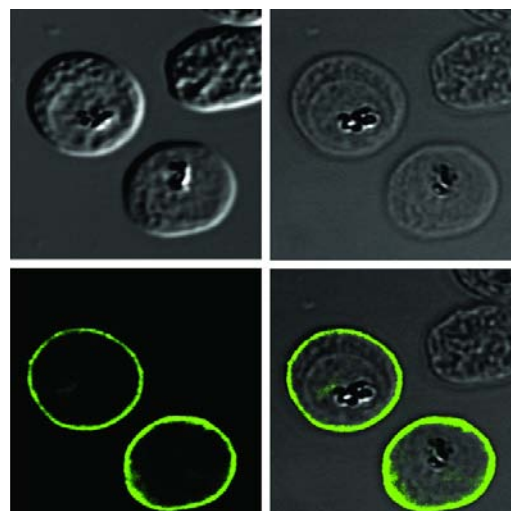
that I spent 8 weeks during the Australian winter at Oxford University, in the lab of Dr. Henry Staines (now at St. George's Hospital, London). Using the 'patch-clamp' technique I was able to observe properties of the infected red cell membrane that had not previously been described. In combination with other data (see immunofluorescence images), I am hopeful that these observations will assist in resolving the molecular identity of the protein/s responsible for these new permeation pathways.

Outside the lab, I soaked up some of Oxford's rich history, and in a pleasant summer, a little English sun as well. The only downside of my trip to the UK was, perhaps, to have timed my visit to coincide with that of 11 other Australians... that and the unflagging enthusiasm of my English colleagues to keep me well apprised of the cricket score. I thank the ASMR for providing the funds to allow me this opportunity. 



**Richard Allen was the winner of the 2004 ASMR Research Award.**

Applications for the 2005 award close September 30th. Forms may be found at <http://www.asmr.org.au/resfund/intro.html>



**Immunofluorescence associated with a parasite-derived transport protein at the host cell membrane.**

## The 2006 ASMR Research Awards

**ASMR is pleased to announce that in 2006 the Research Award will be expanded to two awards, one specifically to conduct research in an overseas laboratory (\$5,000) and one specifically to conduct research in an Australian laboratory (\$2,000).**

## ASMR Directors 2005

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## Health & Medical Research (HMR) in Australia: The Facts

### Australian Medical Research – a World Class Investment

- Medical research improves health, creates jobs and results in economic returns to Australia.<sup>1</sup>
  - A 2003 report from Access Economics found that, for the 40 years to 1999, our 8-year gain in life expectancy plus improved wellness were worth \$5.4 trillion to Australians.<sup>1</sup>
  - Every dollar invested in health R&D gives an average annual return of \$5 (up to as high as \$8 for cardiovascular R&D; \$6 for respiratory R&D).<sup>1</sup>
  - Intellectual property (IP) output generated by HMR far exceeds any other type of IP.<sup>2</sup>
  - Australian publications are in the world's top 1% most cited papers — 30% more than the world average.<sup>3</sup>
  - Commercialisation of HMR has created over 350 companies and 3000 to 4,000 new knowledge-based jobs since 1992.<sup>2</sup>
  - HMR that reduced cancer deaths by just 20% would be worth \$184bn to Australians.<sup>1</sup>

### Medical Research Funding in Australia is Currently Static

- The much welcomed doubling of the NHMRC budget (\$613.7 million over 5 years) in response to the Health and Medical Research Strategic (Wills) Review is now complete.<sup>2</sup>

### Our Competitive Edge Will be Lost Without Further Investment

- We need to build on Wills funding with further investment from both Government (State and Federal) and the private sector (industry and philanthropic).
- The Investment (Grant) Review of Health and Medical Research released by the Federal Government in December 2004 returned a positive report card on HMR.<sup>2</sup>
- Amongst the Grant Review recommendations were:
  - Reorganisation of the National Health and Medical Research Council to administer research funds in a more streamlined and strategic fashion.<sup>2</sup>
  - Increase Federal government investment in HMR to \$1.8 billion by 2008-9, bringing Australia up to the OECD average level of investment of 0.2% of GDP.<sup>2</sup>

### How Further Investment Will Benefit Australians

- Better translation and implementation of new findings. We are good at discovery but too many breakthroughs are lost to Australia.
- Targeting of important health issues including those specific to Australia eg ageing<sup>4</sup>, obesity, diabetes, heart failure, bird flu, bioterrorism, Aboriginal and Torres Strait Islander health
- More strategic (disease-based) and co-ordinated approaches, balanced with strong investigator lead discovery.
- Development of a 'wide & deep' workforce (eg across all health areas, biotech and socio-economic).

### Support the Recommendations of the 'Grant Review'

Write to your local MP (if you don't know who that is, follow the links from [www.asmr.org.au/Campaign/campaign.html](http://www.asmr.org.au/Campaign/campaign.html)) as well as the Prime Minister, the Minister for Health & Ageing and the Treasurer (all c/ House of Reps., Parliament House, Canberra ACT 2600)

1: Exceptional Returns – The Value of Investing in Health R&D in Australia, Access Economics Report 2003,

2: The Investment Review of Health and Medical Research 2004,

3: Health and Medical Research Strategic Review 1998,

4: Intergenerational Report 2002/2003.

Date \_\_\_\_\_

\_\_\_\_\_  
(Name, BLOCK LETTERS)

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(Suburb, postcode)

Dear

I am writing to express my support for further Federal Government investment in medical research.

Government investment in medical research, particularly over the past 5 years, has contributed to important health discoveries. However, I am extremely concerned that medical research funding is currently at risk and that as a country we will lose the scientists and discovery which has contributed so much to our high quality of healthcare and high quality of life.

I wish to support the Health and Medical Research Implementation (Grant) Review which recommends further medical research investment to **\$1.8 billion per annum by 2008-9**. This would bring Australia up to an average comparable with other, similar countries.

This investment is vital to:

- Convert discoveries into better diagnoses and new treatments
- Target health issues important to Australia's ageing population
- Develop our Australian scientific workforce to cover ALL areas of health

I urge you most strongly to support the recommendations of the Health and Medical Research Investment (Grant) Review in the 2006 Federal budget.

**This is an issue which matters to all Australians.**

Yours sincerely,

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